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Fees pursuant to the Consolidated Appropriations Act, 2005 (H R 4818)								· · · · · · · · · · · · · · · · · · ·			
l								533,398			
FEE TRANSMITTAL					Filing Date A		April 30	April 30, 2005			
For FY 2005					First Named Inventor Charl		Charles	es C. Hart			
Applicant claims small entity status See 37 CFR 1 27					Examiner Name N		Neal, Ti	Neal, Timothy J.			
					Art Unit		3731				
TOTAL AMOUNT OF PAYMENT (\$) 0.00					Attorney Docket No. 2395-			USP-PCT-US			
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account Deposit Account Number: 01-2215 Deposit Account Name Applied Medical Resources Corporation											
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee											
Charge any additional fee(s) or underpayments of fee(s)											
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
FILING FEES SEARCH FEES EXAMINATION FEES											
Application	Type Fe	ee (\$)	Small Entity <u>Fee (\$) </u>	ee (\$)	Small Entity Fee (\$)	Fee			Fees Pa	nid (\$)	
Utility	3	00	150	500	250	200	100)			
Design	2	:00	100	100	50	130	6:	5			
Plant	2	:00	100	300	150	160) 80)			
Reissue	3	00	150	500	250	600	300)			
Provisional	2	:00	100	0	0	C) ()			
2. EXCESS CLAIM FEES Small Entity											
Fee (\$) Fee (\$)											
	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Lach independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100										
Multiple dependent claims 360 180											
Total Claims 42 Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims											
43 - 20 or HP = 0 x = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for if greater than 20											
Indep Claims Extra Claims Fee (\$) Fee Paid (\$)											
6 -3 or ⊭P = 0 x											
HP = highest number of Independent claims paid for if greater than 3											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)											
for each additional 50 sheets or fraction thereof See 35 U.S.C 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)											
100 = / 50 = (round up to a whole number) x =											
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)											
Other:											
SUBMITTED BY				1 -	Dogistration NI						
Signature Regis (Attorn						egistration No. ttorney/Agent) 42,681 Telephone			949-713-8383		
Name (Print/Type)	Patrick Y. Ikehara Date September 8, 2006									, 2006	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.